

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 / 540311

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16	1					
17						
18						
19	1					
20						
21	1					
22						
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24						
25						
26						
27						
28	1					
29						
30						
31						
32						
33						
34						
35						
36	1					
37						
38						
39						
40	1					
41						
42						
43						
44	1					
45						
46	1					
47	1					
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52						
53						
54	1					
55						
56						
57	1					
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96						
97						
98						
99						
100						
TOTAL IND.	13					
TOTAL DEP.	46					
TOTAL CLAIMS	59					